

ALiS

Centralized Licensing, Inspections and Complaints System (CLICS)

Sewage Programs – Individual Sewage Disposal Systems – Consumer Log On Instructions

The Sewage Programs application is used for Individual Sewage Disposal Systems (ISDS). Please use this document to assist you in completing your online application. Additional support and system requirements can be found at [http://dpbh.nv.gov/Reg/ISDS/Individual Sewage Disposal Systems - Home/](http://dpbh.nv.gov/Reg/ISDS/Individual_Sewage_Disposal_Systems_-_Home/). For questions specific to your application, please contact your local field office.

The application system is designed to handle a wide variety of application types, and there are some unique instructions

Step 1: Initial Registration

To begin the licensing process, go to <https://nvdpbh.aithent.com/login.aspx> and then click on the Environmental Health tab (it will turn white). Next, select the blue “Click Here” after “Apply for a Common Business Application”:

The screenshot shows the ALiS login and registration interface. On the left, there is a 'USER LOGIN' section with fields for 'Login Name' and 'Password', a 'Forgot Login/Password' link, a 'Login' button, and a note 'Password is case sensitive.' Below this is a 'NEW APPLICANTS APPLY HERE' section with three links: 'To apply for a Common Business Application: Click Here', 'To apply for Temporary Food Permit: Click Here', and 'To Search for an Environmental Health Facility Licensee: Click Here'. The first link is circled in yellow. On the right, there is a navigation bar with tabs for 'HCQC', 'Child Care', and 'Environmental Health'. The 'Environmental Health' tab is circled in yellow. Below the navigation bar is the 'ENVIRONMENTAL HEALTH SECTION ONLINE PERMITS AND RENEWALS SYSTEM' header. The main content area contains information about the State of Nevada Division of Public and Behavioral Health (EHS) issues permits only in certain counties, a warning to call the main office for permits in Carson City, Douglas County, Washoe County, or Clark County, and a section for 'ANNUAL PERMITS'. The 'ANNUAL PERMITS' section includes instructions for 'RETURN USERS', 'LICENSED FACILITIES', and 'NEW USERS'. At the bottom, there is a list of annual license types: Food Establishment, Food Establishment Exemption (NRS 446.870), Cottage Food Registration, Institutions, County Jails, State Honor Camps, and Public, Private and Charter.

USER LOGIN

Login Name

Password

[Forgot Login/Password](#) **Login**

Password is case sensitive.

Already Licensed by NV DPBH:
[Register Here](#)

NEW APPLICANTS APPLY HERE

To apply for a Common Business Application: [Click Here](#)

To apply for Temporary Food Permit: [Click Here](#)

To Search for an Environmental Health Facility Licensee: [Click Here](#)

HCQC Child Care **Environmental Health**

**ENVIRONMENTAL HEALTH SECTION
ONLINE PERMITS AND RENEWALS SYSTEM**

State of Nevada Division of Public and Behavioral Health EHS issues permits **ONLY** in these counties: CHURCHILL, ELKO, ESMERALDA, EUREKA, HUMBOLT, LANDER, LINCOLN, LYON, MINERAL, NYE, PERSHING, STOREY, WHITE PINE COUNTIES AND INSTITUTIONS OF HIGHER LEARNING IN WASHOE COUNTY.

IF YOU ARE APPLYING FOR A PERMIT IN CARSON CITY, DOUGLAS COUNTY, WASHOE COUNTY OR CLARK COUNTY, PLEASE CALL THE MAIN OFFICE AT 775-687-7533 BEFORE APPLYING.

ANNUAL PERMITS

RETURN USERS: Type in your user name, password and then click on the [LOGIN](#) box.

LICENSED FACILITIES: Please log in the first time with your one time use "WEB ID" under "[Already Licensed by NV DPBH: Register Here](#)"

NEW USERS: Select "[COMMON BUSINESS LICENSE APPLICATION](#)" and follow the on-screen directions.

Select the [Common Business Application](#) on the left hand side to apply for the following annual license types:

- Food Establishment
- Food Establishment Exemption (NRS 446.870)
- Cottage Food Registration
- Institutions
 - County Jails
 - State Honor Camps
 - Public, Private and Charter

This will bring you to the Initial User Registration Page:

Initial User Registration -Environmental Health Section

Fields marked with asterisk (*) are required.

Facility Information

Nevada Business ID is issued by Secretary of State (SoS) through common business registration process using SilverFlume To find more details about common business registration process [Click Here](#) .This always begins with NV followed by 11 numbers.

Facility Name (DBA Name) * NV Business ID

Mailing Address

Country *
 Address *
 City * State/Province * Apt/Unit/etc.
 Zip * Primary Phone # - Ext * County *
 Fax Primary-E-mail * Alternate Phone # - Ext.
 Alternate E-mail

Online Account Information

Login Name *
 Password * Password is case sensitive and must be at least 8 characters long including: 1 upper case letter, 1 lower case letter, 1 number, and 1 special character.
 Re-type Password *

[Reset](#)

[Register](#)

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You will need to fill out the following:

- **Facility Name (DBA):** this should be the registered name of your business.
 - o **Owner-built ISDS: use the construction address (if known) or county assessor parcel number (APN).**
- **NV Business ID:** Only fill this out if you have a state business license that is associated with the permit you are applying for. It would be "NV" followed by 11 numbers.
 - o **Owner-built ISDS: skip this field.**
- **Mailing Address Section:**
 - o Enter the street address or PO Box where you receive correspondence for your business or home
 - o City/State/County/Zip: enter the appropriate values that go with the mailing address
 - o Phone/Email: use the phone/email you wish EHS to contact you at regarding your application and permit
- **Account Information (Login):**
 - o The Login Name can be anything using A-Z and 0-9. Take note of it before submitting the form so you don't forget.
 - o Password: must conform to the text in red, for example "MyBusiness.6" contains all the elements needed. Make the password something you can remember, but not easy to guess.
- When you are done with the form, click the **Register** button.

Step 2: Application Types

Select "Sewage Programs" and then in the area that appears below select one option. If you are not sure which credential type you need, click the blue "Information" link for more details on the credential.

When you are finished click the **Next** button.

Application Type *

Which application would you like to apply?

- | | |
|--|---|
| <input type="radio"/> Food Establishment | <input type="radio"/> Public Bathing Place |
| <input type="radio"/> Cottage Food Registration | <input type="radio"/> Public Accommodations |
| <input type="radio"/> Food Establishment Exemption | <input type="radio"/> Drug/Cosmetic Manufacturer |
| <input type="radio"/> Shellfish Distributor | <input type="radio"/> Camping and Recreational Vehicle Park |
| <input type="radio"/> Bottled Water Distributor | <input type="radio"/> Institutions |
| <input type="radio"/> Certificates of Free Sale | <input checked="" type="radio"/> Sewage Programs |
| <input type="radio"/> Farm to Fork Registration | |

Credential

- | | | |
|---|-------------|-----|
| <input checked="" type="checkbox"/> INDIVIDUAL SEWAGE DISPOSAL SYSTEM INFORMATION | Endorsement | N/A |
| <input type="checkbox"/> SEPTIC TANK PUMPING CONTRACTOR INFORMATION | Endorsement | N/A |
| <input type="checkbox"/> SEPTIC TANK LOAN CERTIFICATIONS INFORMATION | Endorsement | N/A |

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Step 3: Entity Information:

This screen collects information specific to your business.

- **Business Entity Information**
 - o **Facility Name (DBA):** This will be automatically filled in from your registration, however if you mistyped you may correct it here. **For owner-built ISDS, this is the construction address or APN.**
 - o **NV Business ID:** This will be automatically filled in from your registration but cannot be changed here.
 - o **Registered Name/Legal Business Name:** this should be the exact name on your state business license, if applicable. It may be different from your DBA name. **If you do not have a DBA or are not a business, skip this field.**
 - o **Ownership Type:** Select from this list. LLC, Corporation, etc. depending on the business type.
 - **Owner-built ISDS: select "Sole Proprietorship"**
 - o **Primary Contact Information:** Enter the primary point of contact for your business/application, and their phone and email. Their role may be owner, manager, etc.
 - **Owner-built ISDS: for "Primary Contact Role", select "Owner".**
- When you are finished filling out the form, click the **Next** button.

Please review Information for accuracy. «Back Next»

Business Entity Information

Nevada Business ID is issued by Secretary of State (SoS) through common business registration process using SilverFlume To find more details about common business registration process [Click Here](#)

| | | | |
|---|------------------------|-----------------------------|---------------|
| Facility Name (DBA Name) * | Q's Construction | NV Business ID | NV12345678901 |
| Registered Name with Secretary of State (Legal/Business Name) | | Ownership Type * | LLC |
| Primary Contact First Name * | Phil | Primary Contact Middle Name | |
| Primary Contact Last Name * | Quaker | Primary Contact Role * | Owner |
| Primary Contact Email * | phil.q@qconstruction23 | Primary Contact Phone * | 111-111-1111 |

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Step 4: Address Information:

Entity Information — **Address Information** — Ownership Details — Additional Information — Questions — Attestation

Please review Address Information for accuracy. << Back Next >>

Mailing Address

Copy From ▼

| | | | |
|-----------|------------------|--------------------------|--------------------|
| Country * | UNITED STATES | Apt/Unit/etc. | STE D |
| Address * | 727 FAIRVIEW DR. | County * | CARSON CITY |
| City * | CARSON CITY | State/Province * | NEVADA |
| Zip * | 89701 | Primary Phone # - Ext * | 775-687-7533 |
| Fax | | Alternate Phone # - Ext. | |
| | | Primary-Email * | EHSCUSTOMERSERVICE |
| | | Alternate E-mail | |

Physical Address of Facility

Copy From ▼

| | | | |
|----------------|---------------------|--------------------------|--------------------|
| Country | UNITED STATES | Apt/Unit/etc. | STE 103 |
| Contact Person | | County * | ELKO |
| Address * | 1020 RUBY VISTA DR. | State/Province | NEVADA |
| City | ELKO | Primary Phone # - Ext | 775-753-1138 |
| Zip | 89801 | Primary-Email | EHSCUSTOMERSERVICE |
| Fax | | Alternate Phone # - Ext. | |
| | | Alternate E-mail | |

Billing Address

Copy From ▼

| | | | |
|----------------|------------------|--------------------------|--------------------|
| Country | UNITED STATES | Apt/Unit/etc. | STE D |
| Contact Person | | County | CARSON CITY |
| Address | 727 FAIRVIEW DR. | State/Province | NEVADA |
| City | CARSON CITY | Primary Phone # - Ext | 775-687-7533 |
| Zip | 89701 | Primary-Email | EHSCUSTOMERSERVICE |
| Fax | | Alternate Phone # - Ext. | |
| | | Alternate E-mail | |

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Most of the information in the Mailing Address section will be auto-filled from the initial registration screen. Please verify this information is complete and is the address you want mail sent to.

The physical address is also required for facility inspections. If your mailing and physical addresses are the same, please use the “Copy From” function on the right side of the screen. **For contractors who build multiple ISDSs, you may use your business address as the physical address.**

***** NOTE:** Once the physical address has been entered and the application submitted, you will not be able to edit the physical address again. If you notice any errors, please contact your local field office to correct the address. ***

When you are done, click the **Next** button.

Ownership Details:

Applications for an ISDS will not see this screen. Please continue to the “Additional Information” section.

For other application types, select the **Add** button on the “Ownership Information” line to add a new owner. You will not be able to submit your application until you have entered at least one owner.

The screenshot shows a progress bar at the top with steps: Entity Information, Address Information, Ownership Details (highlighted), Additional Information, Questions, and Attestation. Below the progress bar, there are two main sections: "Ownership Information" and "Corporation & LLC Information". In the "Ownership Information" section, there is a red message: "You must add atleast one owner.Please click ADD link to add an owner." and an "Add" button circled in yellow. In the "Corporation & LLC Information" section, there is a red message: "Please click 'Add' to add a new row." and an "Add" button circled in yellow. At the bottom left, there is a "Reset" button. At the bottom right, there are "<< Back" and "Next >>" buttons, with the "Next >>" button circled in yellow.

A popup will appear to enter details:

The screenshot shows the "Ownership Detail" popup form. At the top right, it says "Fields marked with asterisk (*) are required." The form has two main sections: "Ownership Detail" and "Mailing Address". The "Ownership Detail" section includes fields for: Last Name/ Business Name *, First Name, DOB, SSN, % age Share, Is Current (radio buttons for Yes/No), Comments, and a "Check all roles that are applicable" section with checkboxes for Role *, Owner, Partner, Director, and Other. The "Mailing Address" section includes fields for: Country *, Address *, City *, State/Province *, Apt/Unit/etc., Zip *, Primary Phone # - Ext *, Primary-E-mail *, County *, Alternate Phone # - Ext., and Alternate E-mail. At the bottom, there are "Close" and "Save" buttons, with the "Save" button circled in yellow.

It has many fields you may complete, but only the ones marked with a red * are required:

- **First and Last Name/Business Name:** enter the full first and last name of the owner, or the name of the business as applicable
- **Role:** select Owner, Partner, Director, or Other (if other, fill in the role)
- **Mailing Address Section:** This may be the personal mailing address and contact information of the owner or for the business.

When you are done select the **OK** button. Repeat this process for any other owners. When you are finished, use the **Next** button.

Update: 06/08/2017

Additional Information:

Entity Information — Address Information — **Additional Information** — Questions — Attestation

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Additional Information - INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Complete the information that is applicable to your permit type. Leave blank if it not applicable.

| | | | |
|--|---------------------------------|------------------------------|--|
| Establishment Name / ISDS Address * | APN 12-345-678 Fish Lake Valley | | |
| Responsible Entity Name * | Jane Doe | FDA Certification # | |
| Number of seats including outside seating area | | Facility area in square feet | |
| Number of drive up windows | | Label count | |
| Camping spaces | | Total number of rooms | |
| Total number of workers | | Total number of vehicle | |
| Open Date | | Close Date | |

For which county you would like to register your business? *

ESMERALDA ▼

Most of the new businesses require a plan review. Please [click here](#) to understand plan review requirements or give us a call at (775) 687-7533

Does your new business require a plan review? If you are not sure, please give us a call at (775) 687-7533 *

What type of plan review fee do you own for new business? *

☒ Yes ☐ No

☒ Full Plan Review ☐ Remodel Plan Review

[Reset](#) [<< Back](#) [Next >>](#)

***** The accuracy of this section will determine the fees charged at the end of the on-line application process. *****

This information is extremely important for accurate records. It has a section for each license with the same fields:

- **Establishment Name:** This is the specific name/business for each permit.
 - o **For ISDS applications this is the construction address or APN.**
- **Responsible Person:** This is the person who owns the business, is otherwise legally responsible for the permit.
- **County:** Select the county where the business is located. If you do not know what county the business or construction location is in, contact your local field office.
- **Plan Review option:** select if your permit application requires a plan review.
 - o **All ISDS applications require a plan review. All new systems require a full plan review; contact your local field office before applying for a remodel plan review. Selecting the incorrect response will delay your application review.**

This page contains fields that are used by other programs. You may leave them blank if they do not apply to your permit.

When you are finished entering all the information for all licenses, click the **Next** button.

Questions:

This page displays a list of questions that must be answered regarding your permit type. **Below is a sample ISDS questionnaire. If you do not know how to answer a question, please contact your local field office. Incorrect or inappropriate responses will delay your application review.**

Answer the questions based on the type of system that will be installed (Standard or Chambered).

Requested Credential(s) : **INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Entity Information

Address Information

Additional Information

Questions

Attestation

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Questions

| # | Question | Response |
|----|---|---|
| 1 | Are you or anyone listed in the application now licensed or have been previously licensed for the similar business? If yes, please list the state Agency, type of license and license number. <div>Please provide a detailed explanation</div> | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 2 | How many bedrooms does the home have? | <input type="text" value="4"/> |
| 3 | Assessor's Parcel Number (APN): | <input type="text" value="123-45-678"/> |
| 4 | How many acres is the property? | <input type="text" value="1.5"/> |
| 5 | Who is installing the system? If contractor-built, provide name and contact information for contractor. | <input type="radio"/> Owner <input type="radio"/> Contractor |
| 6 | Do you have or plan to install an accessory structure with plumbing? If yes, describe the structure and fixtures to be installed. Note: Contact your local EHS office for a fixture count and additional requirements. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 7 | Tank size: ____ gallons | <input type="text" value="1250"/> |
| 8 | Tank manufacturer and model: | <input type="text" value="TechCo"/> |
| 9 | Water Source: | <input type="radio"/> Community Water <input checked="" type="radio"/> Private Well |
| 10 | Well-driller's name: | <input type="text" value="Duckwater Drilling"/> |
| 11 | Distance from well to septic system: ____ ft | <input type="text" value="150"/> |
| 12 | Are there any waterways, ponds, canals, water wells or other bodies of water within 500 ft of your system, on either your property or neighboring property? If yes, list the water source and distance to your system in feet. Ensure all bodies of water are clearly marked on the plot map. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 13 | Are you installing a leach rock system? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 22 | Are you installing a chamber system? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 23 | Select from one of these approved manufacturers and name the model. | <input type="radio"/> ARC36 <input type="radio"/> Infiltrator |
| 24 | Number of lines: | <input type="text"/> |
| 25 | Total number of chambers: (NOTE: each line must have an equal number of chambers.) | <input type="text"/> |
| 26 | Distance between the trenches on center: ____ ft. (If T-shaped system, enter 0.) | <input type="text"/> |
| 27 | Total depth of trench: ____ ft | <input type="text"/> |
| 28 | Are you installing an engineered system? If yes, describe briefly. Note: You will upload complete design specifications at the end of this application. | <input type="radio"/> Yes <input type="radio"/> No |

Reset

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Requested Credential(s) : **INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Entity Information Address Information Additional Information **Questions** Attestation

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| # | Question | Response |
|----|---|--|
| 1 | Are you or anyone listed in the application now licensed or have been previously licensed for the similar business? If yes, please list the state Agency, type of license and license number. Please provide a detailed explanation | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 2 | How many bedrooms does the home have? | 4 |
| 3 | Assessor's Parcel Number (APN): | 123-45-678 |
| 4 | How many acres is the property? | 1.5 |
| 5 | Who is installing the system? If contractor-built, provide name and contact information for contractor. | <input type="radio"/> Owner <input type="radio"/> Contractor |
| 6 | Do you have or plan to install an accessory structure with plumbing? If yes, describe the structure and fixtures to be installed. Note: Contact your local EHS office for a fixture count and additional requirements. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 7 | Tank size: _____ gallons | 1250 |
| 8 | Tank manufacturer and model: | TechCo |
| 9 | Water Source: | <input type="radio"/> Community Water <input checked="" type="radio"/> Private Well |
| 10 | Well-driller's name: | Duckwater Drilling |
| 11 | Distance from well to septic system: _____ ft | 150 |
| 12 | Are there any waterways, ponds, canals, water wells or other bodies of water within 500 ft of your system, on either your property or neighboring property? If yes, list the water source and distance to your system in feet. Ensure all bodies of water are clearly marked on the plot map. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 13 | Are you installing a leach rock system? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 14 | Maximum diameter of the rock you will use: _____ inches | |
| 15 | Depth of rock under trench: _____ ft | |
| 16 | Number of lines: | |
| 17 | Width of trench: _____ ft | |
| 18 | Length of lines: _____ ft | |
| 19 | Amount of rock ordered: _____ cubic yards | |
| 20 | Distance between lines, from center to center: _____ ft (Enter 0 for single lines or T-shaped systems.) | |
| 21 | Cover material: | <input type="radio"/> Straw <input type="radio"/> Geotextile <input checked="" type="radio"/> Untreated Building Paper <input type="radio"/> Other |

When you are finished with the questionnaire, click the **Next** button.

Attestation and Electronic Signature:

Read the legal statements and agree by checking the box to the left. Enter your full name (this is your digital signature) and the current date. When you are done, select **"Submit Application"**.

Requested Credential(s) : **INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Entity Information Address Information Additional Information Questions **Attestation**

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Attestation

You must check the following:

☒ The act of affixing and executing the following signature is made with the present intent to identify myself as the authorized person signing this document and with the present intent to authenticate my signature as such.
I am declaring, under penalty of perjury, that the information I am about to submit to the Nevada Division of Public and Behavioral Health is true and correct, is not submitted for any improper purpose, and that I am authorized to submit the information.
I understand it is unlawful to submit any illegal, unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by state and federal law, to the Nevada Division of Public and Behavioral Health, and agree to indemnify the Nevada Division of Public and Behavioral Health, and any other parties entitled thereto, for any damages incurred for any unlawful, unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by the federal and state law, submitted to the Nevada Division of Public and Behavioral Health by my use of this electronic filing system.
I further understand that I may be subject to criminal and/or civil penalties for submitting any unlawful unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by federal and state law.
I understand and agree that all information submitted is the property of the Nevada Division of Public and Behavioral Health, and may be monitored for all lawful purposes.
I further understand that during such monitoring, all information, including personal information placed on this system, may be examined, copied, and used for any authorized purpose.
I understand that I am responsible for any errors or omissions in the input of information and that I am also responsible for reviewing all information for completeness and correctness prior to submission.
I declare under penalty of perjury that the foregoing is true and correct.

☒ I hereby attest that the above information is true and correct. I have read, understand and agree to comply with the rules and regulations pertaining to the specific statutory type of entity for which this licensure application is made.

☒ Fees paid will not be refunded for failure to obtain approval, voluntary withdrawal or cancellation of the event.

Name * Date *

Submit Application

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Update: 06/08/2017

Fees:

"Fee Details" explains what fees are being charged for this credential type. **Please review these charges** and contact your local field office if you see an error or do not understand the charges before you pay.

When ready, select **Pay Now** to continue.

| Fee Detail | |
|---|-----------------|
| Fee Details | |
| Plan Review Fee (INDIVIDUAL SEWAGE DISPOSAL SYSTEM) | \$498.00 |
| Total Fee | \$498.00 |



Do NOT push the "Pay Now" button more than once.
Do not push the go back arrow using your browser. To review or update your application information click on "Edit Application".
Failure to comply with these instructions may result in multiple charges.

[Edit Application](#) [Pay Now](#)

You will be redirected to the secure payment gateway.

Select your payment method:

How would you like to pay?

| | |
|---|--|
| Card | eCheck |
| PAY BY | PAY WITH |
|  |  |

Fill out the form (which depends on the selected payment method) and submit when completed.

IMPORTANT NOTICE: YOU ARE NOT DONE YET

Checklist: Applications and Documentation

After the payment has been processed, you will see one of the following checklists. You must add each requested document before your application can be processed. Note your transaction number in bold. Your receipt will have been emailed, but you may also view or print it from this page. You may also save a copy of the application summary for your records.

Some checklist items may be optional depending on your situation. Click the "Documents" link in the View/Attach column on the right side to upload a document for staff review. When you do this, a popup will appear with directions on how to upload your document(s).

Sample ISDS Checklist:

Sewage Programs Submitted

Confirmation

YOUR APPLICATION IS NOT COMPLETE AND A PERMIT CANNOT BE ISSUED UNTIL THE APPLICATION AND OTHER REQUESTED DOCUMENTS ARE ATTACHED BELOW.

IF THERE IS NO CHECKLIST OR DOCUMENTS ATTACHMENT SECTION HERE YOU ARE NOT REQUIRED TO ATTACH A DOCUMENT.

Thank you for using our online services. Your **Sewage Programs** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **175219**. If we need any additional information; we will contact you.

The payment receipt has been sent to: EHSCUSTOMERSERVICE@HEALTH.NV.GOV

If you would like to print your payment receipt: [click here](#)

To view the application summary: [click here](#)

Checklist

If you have scanned copy of supporting documents, please click on the Documents link to upload.

| Item # | Credential Type | Item | View/Attach | Item Status |
|--------|-----------------------------------|---|-------------------------------|-------------|
| 1 | All | Additional supporting documents | Documents (0) | N/A |
| 2 | INDIVIDUAL SEWAGE DISPOSAL SYSTEM | Application to Construct an Individual Sewage Disposal System (ISDS). Click here for application. | Documents (0) | N/A |
| 3 | INDIVIDUAL SEWAGE DISPOSAL SYSTEM | Plot plan drawn to scale | Documents (0) | Pending |
| 4 | INDIVIDUAL SEWAGE DISPOSAL SYSTEM | Percolation Test Results. Click here to link to percolation test documentation. | Documents (0) | Pending |
| 5 | INDIVIDUAL SEWAGE DISPOSAL SYSTEM | Soil Profile. Click here for link to soil profile documentation. | Documents (0) | Pending |

[Return to Home](#)[Logout](#)

When all required items are uploaded and have been reviewed by EHS staff, your application will be processed.

Forms can be accessed by using the following link:

<http://dpbh.nv.gov/Reg/ISDS/dta/Forms/Individual Sewage Disposal Systems - Forms/>

Returning to your account:

To return to your account to complete an application or manage your licenses, go to

<https://nvdpbh.athent.com/login.aspx>, enter your user name and password and then click the **Login** button:

Update: 06/08/2017

You will see a menu on the left side:

Contact Information
Name: CONSTRUCTION PERMIT
727 FAIRVIEW DR.
STE D
CARSON CITY NV 89701
Phone #: 775-687-7533
Email: EHSCUSTOMERSERVICE@HEALTH.NV

| WHAT DO YOU WANT TO DO? |
|------------------------------------|
| View Pending Online Application(s) |
| Renew |
| Apply for New License |
| Print Receipt |
| Statement of Deficiency/OOC |
| Pay Invoice(s) |
| Remodel |
| Change Contact Information |
| View Credential(s) |
| Change Password |

Select what action you would like to take now that you're logged in. With most sewage program permits you will likely use:

- **View Pending Online Application:** to continue the application
- **Renew:** to renew an existing annual permit (septic pumpers only)
- **Apply for a new license:** to apply for a new permit under the same contractor's license (**ISDS only**)
- **Print Receipt:** to review receipts
- **Pay Invoice(s):** to pay invoices EHS has assessed, other than renewals
- **View Credential(s):** to view a list of all permits under this account
- **Change Password:** to change your password

Contact your local field office for instructions before selecting the other options.

To complete pending applications, select "View Pending Online Application(s)". You will see a list of applications for review. To continue an application you started **but have not submitted or paid for**, select "Continue Application". To add documents to an incomplete checklist, select "View Details":

| Pending / Incomplete Online Application(s) | | | | | | |
|--|---------------|------------|-----------------|-------------------------------------|--------------------------------------|--------------------------|
| Application Type | Transaction # | Date | Current Step | Application Summary | View Details | Action |
| Sewage Programs | 175219 | 06/08/2017 | Review by State | Application Summary | View Details | Withdraw |
| Sewage Programs | 175237 | | | | Continue Application | Withdraw |

Follow the instructions elsewhere in this document to complete your application.

For instructions on how to complete a renewal application or pay an invoice, see the applicable guidance documents on <http://dpbh.nv.gov/Reg/CLICS/dta/FAQ/CLICS-FAQs/>.